

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Ferring Pharmaceuticals Inc.
4 Gatehall Drive, 3rd Floor
Parsippany, NJ 07054

Ferring Pharmaceuticals Inc.
Attn: Stacey Antar, General Counsel
4 Gatehall Drive, 3rd Floor
Parsippany, NJ 07054

Joseph N. Argentina Jr., Esq.
Faegre Drinker Biddle & Reath LLP
222 Delaware Ave., Ste. 1410
Wilmington, DE 19801

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Ferring Pharmaceuticals Inc
Attn: Stacey Antar, General Counsel
100 Interpace Parkway
Parsippany, NJ 07054

Corporation Service Company,
R/A for Ferring Pharmaceutical Inc.
251 Little Falls Drive
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex;"> <div style="flex: 1; padding: 2px 5px;">B. Received by (Printed Name)</div> <div style="flex: 1; padding: 2px 5px;">C. Date of Delivery</div> </div>
<p>1. Article Addressed to:</p> <p>Ferring Pharmaceuticals Inc Attn: Stacey Antar, General Counsel 100 Interpace Parkway Parsippany, NJ 07054</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;"> 9590 9402 3367 7227 2904 82 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6800</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex;"> <div style="flex: 1; padding: 2px 5px;">B. Received by (Printed Name)</div> <div style="flex: 1; padding: 2px 5px;">C. Date of Delivery</div> </div>
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<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6817</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	